

GAUTHI
no.6

IDRC-Lib
17088

REVIEW OF FAMILY PLANNING ACTIVITIES
IN CANADA 1974

Hervé Gauthier
Administrateur de programmes
Centre de Recherches pour le
Développement International

018700



Ottawa
Janvier 1975

(Texte préparé à la demande du Population Council en vue d'une publication sur les activités en matière de planning familial dans les pays développés. Cette publication que n'a jamais vu le jour aurait été la contrepartie de la Revue mondiale des activités en planning familial, publié par le Population Council, et couvrant les activités dans les pays en voie de développement)

ARCHIV
GAUTHI
no, 6

Review of family planning activities (Canada)

I. Highlights

World Population Year and the World Population Conference have provided a significant opportunity for Canadians, to express their views and to obtain information on population problems. Immigration and abortion are still the chief topics of public concern.

The fall in the birth rate continues, but there seems to be a stabilization at a lower level. The fall is more marked in the French-speaking community, where it is causing more concern than among English-speaking Canadians.

Ontario has announced the setting up of a family planning program in health centres and hospitals. In Quebec, the program of preventive information on birth control for students has been suspended in many regions.

II. Population trends

In January 1974, the population was estimated at 22 307 000. The birth rate has been falling steadily since 1957. In 1974* it was 15.4* per thousand, for a total of 346 168* births (table 1). The gross reproduction rate of less than unity in 1972 and 1973, is below the replacement level. Comparison of fertility rates by age for 1966 and 1973 shows that the drop in fertility affects all age groups (table 2). However, a low mortality rate continues to endow the Canadian population with a fairly high rate of natural increase, despite the falling birth rate. In 1973, the rate of natural increase was 8.1 per thousand. The net immigration brings the estimated population growth rate at nearly 1.5%. Canada received 184 200 immigrants in 1973 and 218 465 in 1974.

*Provisional

-3-

Table 1 Population trends

Year	Gross birth rate	Gross mortality rate	Rate of natural increase	Gross reproduction rate
1961	26.1	7.7	18.4	1.868
1966	19.4	7.5	11.9	1.369
1971	16.8	7.3	9.5	1.060
1972	15.9	7.4	8.5	0.982
1973	15.5	7.4	8.1	0.937
1974*	15.4*			

Source: Statistics Canada, 1974

* Provisional

Table 2 Age-specific fertility rate

Age group	1966	1969	1973	Change, 1966-73 (%)
15-19	48.2	42.2	37.2	- 22.8
20-24	169.1	147.7	117.7	- 30.4
25-29	163.5	149.8	131.6	- 19.5
30-34	103.3	85.0	67.1	- 35.0
35-39	57.5	42.6	25.7	- 55.3
40-44	19.1	12.5	6.4	- 66.5
45-49	1.7	1.1	0.4	- 76.5
15-49	81.5	72.3	61.5	- 24.5

Source: Statistics Canada, 1974

III. Policy

Canada has never defined an overall population policy. However, it has generally favoured population growth, particularly through measures to encourage immigration.

In 1974 there was no change in policy with respect to family planning. The sale and use of contraceptives were legalized in 1969. The advertising of contraceptives (except the pill and the IUD) were legalized the following year. The federal government and four of the ten provinces have since adopted a favourable position on the development of family planning services. None of these policies implies a clear stand on demographic objectives.

In a similar manner, family allowances are not given in relation to demographic objectives, but rather as a social measure - to help families with low income. From January 1974, the allowances have been increased to an average of Cdn \$20 a month per child up to age 18 and were made taxable. Nevertheless, the allowances represents less than 4% of the average income of a family with two children.

Last year, there was greater interest among the Federal and Provincial governments and the public in general vis-à-vis population policies. World Population Year and Conference contributed significantly to this phenomenon.

With a view to defining its policy for the World Population Conference, the Canadian government set up an inter-departmental committee and organized a public consultation consisting of open hearings held in six major cities. The Canadian statement to the Conference recognized that population factors are closely related to other aspects of the development process and that there are limits to global capacity to support human life; thus, more efficient patterns of utilization of resources should be adopted, particularly in developed countries. The delegation considered that special emphasis should be placed on the status of women. In basic agreement with the Draft World Population Plan of Action,

the delegation came at the Conference "to listen and to learn". Some non-governmental organizations criticized the Canadian delegation for its position and for the timidity of its role.

Three private organizations⁽¹⁾ organized a National Conference on World Population Year, which was attended by 280 people representing some forty non-governmental organizations.

At these meetings, many groups expressed a desire for contraceptive information and services to be made available to all Canadians.

Reports of these two events suggest that the advocates of zero population growth are becoming more prominent. However, the Canadian government is unlikely to adopt such a policy in the near future. As part of its review of immigration policy, it established the Immigration and Population Study Group, within the Department of Manpower and Immigration. Its report should be published at the beginning of 1975.

In Quebec, the sharp and pronounced drop in the birth rate is causing increasing concern. As the trend persists, it is no longer only the traditional or nationalist groups that are concerned. In August 1974 the Prime Minister of Quebec mentioned the possibility of establishing a Department of Population, one of whose objectives would be to increase the birth rate; in his year-end survey of the economy, Quebec's Minister of Industry and Commerce expressed anxiety about the low birth rate. It is not certain that this will lead to any firm policy designed to increase it.

(1) The Family Planning Federation of Canada, the Canadian Council of International Cooperation and the Canadian Save the Children Fund. The Conference received financial support, from the Canadian International Development Agency and from the Secretary of State.

IV. Organization and administration

According to a survey carried out in January 1972, there were 67 family planning clinics in Canada (Health and Welfare, 1973), operated by hospitals, health centres, private groups and university health services. The bulk of them were located in the larger cities. While their numbers have undoubtedly increased since then, there has been no major or even significant change.

The number of family planning clinics is actually a poor indicator of the availability of services; there are two main reasons: first, some hospitals and health centres offer family planning services but do not have clinics identified as such, and second, it seems that the majority of the population have access to contraceptive methods mainly through physicians in private practice, for the pill and the I.U.D., or directly over the counter in drugstores, for other methods. The cost of doctor's visits and out-patient care in hospitals is covered by the provincial government's medical insurance schemes. The cost of contraceptives is not covered by insurance, except in the case of welfare recipients. The public medical insurance bears the cost of sterilization, of the insertion of IUD and of therapeutic abortion. It is nonetheless clear that services are not equally available throughout the country for all social groups, and that this situation will not change until Provincial governments allocate more resources thereto.

For its part, the federal government established a family planning division within the Department of National Health and Welfare in 1972. Its main objective is to promote the development of family planning services across Canada. It acts as adviser to other agencies, assists in the training of people active in the family planning field, and acts as a supplier of information. It also administers a grant program with a budget in excess of a million dollars for 1973-74; grants are allocated to public or private organizations, to pilot projects, and information, training or research projects.

Provincial governments are responsible for the establishment of family planning services available to the public. The major event of the year was the Ontario governments's announcement of a program to provide information, education and services. Progressive implementation of this two-million-dollar program will begin in 1975, and this will make Ontario the first province to have a large-scale program. While the governments of three other provinces (Nova Scotia, Quebec and Alberta) have defined general policies favourable to the development of family planning services, none of them has committed funds of this magnitude to the provision of effective access to family planning services through existing health facilities or otherwise.

The principal field of activity for private groups is that of public information, but their role in exerting pressure on governments should not be overlooked. In October 1974, Planned Parenthood Ontario organized a conference on birth control and sex education. This organization has made considerable efforts to convince the provincial government of the need to establish an adequate family planning program. Mention should also be made of the special efforts of the Quebec family planning federation, and the twelve regional and local associations affiliated to it, to induce the government to incorporate family planning services into existing health facilities.

Quebec was also the scene of steps towards final disposition of the case of Dr. Morgentaler, charged with having carried out an illegal abortion. His acquittal in 1973 was reversed in 1974; in October of that year his appeal was heard by the Supreme Court of Canada, whose verdict is now awaited. The trial had a direct influence on illegal abortions, which reportedly declined sharply in the Montreal area. There are now some referral centres, run for profit, that direct their clients to practitioners in the United States. The situation is attributable to the fact that abortion legislation does not require hospitals to establish a committee on therapeutic abortion, and where such

committees do exist, health criteria can be interpreted in a variety of ways. This is why, despite the existence of relatively liberal abortion laws, many women go to the United States to have their abortions.

V. Information and education

The most important sources of information on family planning in Canada are in the private sector (doctors, pharmacist and the media).

The first broad publicity campaign in Canada took place in 1973. It was organized by the Family Planning Federation of Canada, and its goal was to alert the public to the need to plan and space births, and acquaint people with the information services available from the Federation and from local associations.

Furthermore, the special needs of young people are pressing governments to act, though not without difficulty. In Quebec, for example, the Department of Social Affairs set up a program of preventive birth control information for secondary-school students. In 1974, more than ten educational specialists were assigned to the program, which nevertheless made slow progress against the resistance of some parents' groups. Unfortunately, at the end of 1974 the program was suspended in a number of regions as a result of a negative recommendation by the Catholic Committee of the Higher Council on Education (Department of Education).

VI. Training

In general, schools of medicine, nursing and social work provide their students with a minimum of information on family planning, either by means of special courses or as part of other courses in their program (see Addy, 1974).

At least four university programs attach special importance to training in this area . The institutions concerned are the Population Unit in the School of Hygiene at the University of Toronto, the Department of Sexology of the University of Quebec at Montreal, and Dalhousie University, which offers a course for health workers in the Maritimes. For the past ten years the Department of Health Care and Epidemiology in the Faculty of Medicine of the University of British Columbia has carried out a program of teaching and research in population studies.

Among recent training activities for existing staff mention should be made of a project set up by the Nova Scotia Department of Social Services; it involves an intensive two-day course for representatives of social service personnel in every region of the province. In Alberta, the Department of Health and Social Development held a series of family planning seminars in 1973 for social and health workers.

Private groups are also active in the training field. In January 1974 the Quebec Family Planning Federation held a training seminar for organizers from local associations; it also held training sessions for health and social workers in various parts of the province.

VII Evaluation and research

In the field of research into contraceptive methods, 1974 saw the completion of a project to evaluate the effectiveness of two types of copper IUD (T-Cu 200L and T-Cu 300L); twelve Canadian university centres participated in the project. The study involved 1 939 women and 14 287 woman-months of IUD utilization (Fortier, 1974). The Canadian Committee for Fertility Research, which co-ordinated the study, is now a Collaborating Clinical Center of the Human Reproduction Research Program of the World Health Organization.

The federal government recently established a committee of scientists with a view to prepare a project for a social and demographic study of fertility and contraception. If the survey takes place, it will be the first such study to cover the whole of Canada. Previous studies have been geographically limited: Toronto (contraceptive utilization, 1967); Quebec (contraception among deprived urban Quebecers, 1969; fertility of married women, 1971); Edmonton (fertility and contraception of married women, 1973).

A number of other studies have been carried out in such areas as abortion, sterilization, contraception and sex education; they have been varied in scope and some of them, carried out by agencies involved in family planning, have been mainly practical in character.

In 1974 the preliminary findings of the study of fertility of married women in Quebec were published (Henripin and Lapierre-Adamcyk, 1974). The best known contraceptive methods are the pill and periodic abstinence; these were also the most commonly used among women using a contraceptive method at the time of the survey (table 3). Of women under 35, 82% have used a contraceptive method; among women aged 35 to 50, the percentage is forty-five.

Among the major findings of the study is the fact that married women in Quebec, even the youngest, whose fertility is much lower than that of the older women, retain a strongly favourable attitude towards children. However, it seems that for women under 35, 17% of births were not positively desired, compared with 11% for those over 35; for women as a whole, 27% of their last-born children were not desired. Thus, it does seem that contraception could further diminish fertility in Quebec, where it is already relatively low (birth rate 17.0 per thousand in 1971 and 15.8 per thousand in 1973).

A special analysis of contraceptive use, from the results of the same survey (Lapierre-Adamcyk and Marcil-Gratton, 1974) shows that in the last decades, there is an increase in contraceptive use by women at the beginning of their marital life. This fact delays the arrival of the first child among women married after 1966: only 39.0% of these women give birth to their first child after 18 months of marriage, as compared to 50% for women married before 1966.

A number of small studies of women who have undergone abortions tend to show that a large proportion of them had used a contraceptive method (Lipper et al, 1973, Hunter, 1974, Mackenzie, 1974). It may be presumed that an even larger proportion of women are aware of the existence of contraceptive methods. While these results cannot be generalized to apply to all women who have had abortions, based as they are on very limited studies, they do lend weight to the opinion that the problem is more one of motivation than one of information.

Whether abortion is the result of ignorance, lack of motivation for using contraceptive or failure of contraception, the large number of abortions carried out demonstrates the need for better family planning services in Canada. In 1973, there were 43 201 therapeutic abortions in Canada (table 4); in addition, 6 200 abortions were carried out in New York State on Canadian residents.

Ontario and British Columbia have the highest number of therapeutic abortions with 22 603 and 9 176, respectively. These figures represent an abortion rate of 12.9 and 18.3 per 1 000 females 15-44 years old, as against 8.8 for Canada as a whole.

Table 3. Methods used at the time of the survey, province of Quebec, 1971(a)

	Women under 35	Women 35-50
None	27.7	31.1
Pills	31.2	20.3
Rythm (periodic abstinence)	20.5	24.6
Withdrawal	6.1	5.3
Condom	4.4	6.2
Diaphragm	3.1	2.8
I.U.D.	3.0	2.3
Jelly	1.5	1.3
Sterilization(b)	1.4	1.7
Complete abstinence	0.6	2.9
Douche	<u>0.5</u>	<u>1.5</u>
	100.0	100.0
(n)	(849)	(252)

(a) This question was asked only to women under 50 who ever used a birth control method.

(b) Some women answered that they were not using a method while themselves or their husband had been sterilized. There are 4 percent of sterilized couples among women under 35 and 15 percent among older women.

Source : Henripin and Lapierre-Adamcyk, 1974.

Table 4. Changes in the number of therapeutic abortions

	1970	1971	1972	1973
Number of abortions	11 152	30 923	38 853	43 201
% of live births	3.0	8.6	11.2	12.6

Source : Statistics Canada, 1974

VIII. The future

In the political arena, the publication of the Green Paper on Immigration Policy will undoubtedly throw some light on the population goals that Canada should set for itself. Abortion will remain likely a major public concern. The final outcome of the Morgentaler trial is expected to be known in 1975. The strong pressures for liberalization of the existing law will be counterbalanced by other groups who feel it is too liberal. It is clear that the application of abortion law will continue to vary widely between different provinces and regions of Canada.

Family planning services will be further improved in Canada over the next year. In Ontario, the implementation of the new program will make these services more accessible to the public at large. No major change is foreseen in the other provinces. In Quebec, on the other hand, there is a great deal of uncertainty about the information program for students, which had just got under way.

REFERENCES

- . Addy C., Birth Control in Canada : Five Years of Legitimacy, address to Ontario Conference on Birth Control and Sex Education, Oct. 1-4, Toronto, Ontario.
- . Association des démographes du Québec, Bulletin : Spécial Bucarest, vol. 3, no. spécial 2, Déc. 1974.
- . Canadian Council for International Cooperation, Report of the Canadian National Conference for World Population Year, 1974, May 10-11, 1974, Ottawa, 1974.
- . Conseil des Affaires sociales et de la Famille, Dossier sur l'avortement, Québec, 1974.
- . Conservation Council of Ontario and The Family Planning Federation of Canada, A Population Policy for Canada ?, the proceedings of two seminars on the need for a Canadian Population Policy and on the Impact of People on the Environment, Nov. 20-21, 1972 and May 10-11, Toronto.
- . Family Planning Federation of Canada, Quarterly Newsletter, Toronto.
- . Fortier L, Y. Lefebvre et L. Pépin, A Canada-Wide Evaluation of Two Copper Bearing Devices, Report to the Canadian Committee for Fertility Research, Nov. 1974.
- . Freeman M.M.R., People Pollution, McGill-Queen's University Press, 1974.
- . Geekie D.A., "Abortion : A review of CMA Policy and Positions", Canadian Medical Association Journal, Sept. 1974, vol. III.
- . Henripin J. and E. Lapierre-Adamcyk, La fin de la revanche des berceaux : qu'en pensent les Québécoises, Université de Montréal, Montréal 1974.
- . Hepworth H.P., Family Planning, Abortion Services and Family Life Education Programmes, Canadian Council on social development, Draft III, Oct. 1974.
- . Hunter M.E., "Applications for Abortion at a Community Hospital", Canadian Medical Association Journal, Nov. 1974.
- . Canadian Institute of International Affairs, Public Consultation on : Population Questions, A Report to the Government of Canada, Toronto, May 1974.
- . Lapierre-Adamcyk E. and N. Marcil-Gratton, "La contraception au Québec", to be published in the Journal Population et Famille, Bruxelles.
- . Lipper I., Cvejic H., Benjamin P. and Kinch R., "Abortion and the Pregnant Teenager", Canadian Medical Association Journal, Nov. 1973.
- . Mackenzie P., "Before and After Therapeutic Abortion", Canadian Medical Association Journal, Oct. 1974.

References (suite)

- . Marsden L.R., Population Probe : Canada, The Copp Clark Publishing Company, 1972
- . Miller F.S. (Minister of Health, Ontario), Conception Control and Family Planning, Remarks in the House, Toronto, Dec. 12, 1974.
- . Philipson D., "Supreme Court Considers Morgentelar Case", Canadian Medical Association Journal, Oct. 1974.
- . Planned Parenthood Ontario, Resolutions, Ontario Conference on Birth Control and Sex Education, Oct. 1-4, 1974, Toronto.
- . Ryan C., "Le plus grave de tous les défis", Editorial, Le Devoir, June 22, 1974.
- . Health and Welfare Canada, Current Status of Family Planning in Canada, Ottawa, Oct. 1973.
- . Health and Welfare Canada, Family Planning Division, Report of Activities 1973-1974
- . Schlesinger B. (ed.), Family Planning in Canada : A Sourcebook, University of Toronto Press, Toronto, 1974.
- . Statistics Canada, Therapeutic Abortions 1973, Ottawa, Dec. 1974.
- . Statistics Canada, Vital Statistics 1973, Ottawa, Dec. 1974.
- . "World Population Year", Special Issue of Alternatives, Vol. 3, no. 3, Spring 1974, Trent University, Peterborough, Ontario.